



Montana Commission on Community Service
2010 New Applicants
Financial and Administrative Survey

If you are applying for a Grant please fill out this form and submit it to dshyne@mt.gov.
This form must be submitted by November 20th, 2009 to OCS for your grant to be considered.

Organization Name: _____

Contact Person: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone: Fax: _____

Federal Employer Identification No (FEIN): _____

A. General Information	
1. Has your organization received a federal grant or cost-type award in the last 2 years? If yes, what is/was your granting agency? _____	
• Attach a schedule showing the total federal dollars awarded to your organization, by granting agency, for the two most recently completed fiscal years.	<u>Attach schedule</u>
2. Has your organization been audited by a Certified Public Accounting firm within the past two years?	

3. Are there established policies related to salary scales, fringe benefits, travel reimbursement and personnel policies?		
4. If so, would these policies conflict with regulations regarding the AmeriCorps grant or AmeriCorps Members?		
5. Does your organization plan to use existing staff to manage the AmeriCorps program? If so, which position(s)? _____.		
B. Financial Management		
1. Do you have a "job cost" or "fund based" accounting system?		
2. Is your organization's accounting system a manual system?		
An automated system?		
A combination of manual and automated systems?		
3. Are entries posted to the general ledger daily?		
Weekly?		